



# RULE 2202 - REGISTRATION FORM

YEAR: SITE ID: 

TYPE OR PRINT ALL INFORMATION

**Section I - General Information**

Employer/Organization Name: \_\_\_\_\_

Worksite Address: \_\_\_\_\_

Street Number (N, S, E, W)

Street Name

Type (St., Ave., Blvd.)

Unit / Suite

Location / Mail stop

City

State

Zip Code

County (LA, OC, RS, SB)

Highest Ranking Official at this Site: \_\_\_\_\_

Name

Title

Mailing Address: \_\_\_\_\_

(If different from site address)

Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Area Code

Fax Number: ( ) \_\_\_\_\_

Area Code

Contact Name: \_\_\_\_\_

Name

Title

Mailing Address: \_\_\_\_\_

(If different from site address)

Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Area Code

Fax Number: ( ) \_\_\_\_\_

Area Code

If filing an Employee Commute Reduction Program, provide:

Employee Transportation Coordinator: \_\_\_\_\_

Name

Title

Mailing Address: \_\_\_\_\_

(If different from site address)

Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Area Code

Fax Number: ( ) \_\_\_\_\_ Has this person completed the Rule 2202 ETC Training? Yes \_\_\_\_\_

Area Code

No \_\_\_\_\_

(If No, please explain) \_\_\_\_\_

Total number of employees reporting at this worksite: \_\_\_\_\_

Total number of employees reporting within the designated window at this worksite: \_\_\_\_\_

I attest that the attached program will be implemented as required by Rule 2202 – On-Road Motor Vehicle Mitigation Options and further declare that as stated herein, the proposed strategies will be implemented upon program approval by the AQMD.

Signature of Highest Ranking Official: \_\_\_\_\_ Date: \_\_\_\_\_



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### Section I (continued)

Check One Box Only

Select Type of Program:

☐**Air Quality Investment Program** (Complete Sections I, II) pages 1-3.☐**Emission/Trip Reduction Strategies** (Complete Sections I, III) pages 1-2, 4 or 4-8 if applicable.☐**Employee Commute Reduction Program** (Complete Sections I, IV) pages 1-2, 5-25.☐**Employee Commute Reduction Program Offset** (Complete Sections I, IV) pages 1-2, 5-9, and 26.

Determine your correct filing fee(s) and submit your completed forms along with a check payable to:

South Coast Air Quality Management District  
Transportation Programs  
21865 Copley Drive  
Diamond Bar, CA 91765

Please provide the site I.D. number and specify "Rule 2202" on all checks. **Programs submitted with no check or incorrect fee amounts may be disapproved and subject to resubmittal fees.**

**Please refer to Rule 308 for current Emission/Trip Reduction Strategies and for Employee Commute Reduction Program filing fees. Please refer to Rule 311 for current Air Quality Investment Program filing fees.**

**Fees are subject to change each July 1<sup>st</sup>. Call (909) 396-FEES for latest information, or visit our Web Site at [www.aqmd.gov](http://www.aqmd.gov) to download Rules 308 and 311.**

Site Street Address, City, Zip	Total # Employees	Amount Due
<input type="text"/>	<input type="text"/>	<input type="text"/>
Late Fees, if applicable: (50% of submittal fee)		<input type="text"/>
Total Fees Submitted:		<input type="text"/>



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<b>Section II - Air Quality Investment Program (AQIP) Option</b>	
1. <b>Enter</b> the daily average number of employees reporting to work during the Peak Window of 6 am-10 am for a typical Monday through Friday period excluding those weeks which include a national holiday.	
If this is an Annual Option or the first year of a Three-Year Option GO TO Line 2. If this is the second or third year of a Three-Year Option GO TO Line 3.	
2. Multiply Line 1 times the dollar amount for annual or three-year option and enter that amount and <b>STOP</b> here.  <b>Check one:</b> Annual \$60 _____ Three-Year \$125 _____ <div style="text-align: right;"><b>Remit this amount plus the Filing Fee</b></div>	\$
3. Second or Third Year of a Three-Year Option Enter the additional number of employees relative to the first year of the Three-Year Option.	
4. Multiply Line 3 times \$60 and enter that amount and <b>STOP</b> here.  <div style="text-align: right;"><b>Remit this amount plus the Filing Fee</b></div>	\$

**If you are using the AQIP option to comply with Rule 2202, stop here and submit only completed pages 1, 2, and 3 of this package.**



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<b>Section III</b>			
<b>Emission/Trip Reduction Strategies Option</b>			
1. <b>Enter</b> the daily average number of employees reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday.			
2. <b>Enter</b> the number of Creditable Commute Vehicle Reductions (CCVR) in the Peak Window. Mark below how the CCVR was determined (see Supplemental Worksheets in Appendix B). <b>Check one:</b> Employee Survey* _____ Default AVR (1.1) _____ Other (attach explanation) _____			
* Complete Section IV-2 AVR Verification Process (pages 5-8).			
<b>Emission Reduction Target (ERT) Calculation</b>	<b>VOC</b>	<b>NOx</b>	<b>CO</b>
3. <b>Enter</b> the Employee Emission Reduction Factors with respect to the worksite's Performance Zone. (see Table 1 in Appendix B). <b>Check one:</b> Zone 1 _____ Zone 2 _____ Zone 3 _____			
4. Multiply Line 1 times Line 3 and enter the results.			
5. Enter the Emission Factors for Vehicle Trip Emission Credits. (see Table 2 in Appendix B).			
6. Multiply Line 2 times Line 5 and enter the results. This is your VTEC calculated from Creditable Commute Vehicle Reductions (CCVR).			
7. <b>Subtract</b> Line 6 from Line 4 and enter the results. This is your EMISSION REDUCTION TARGET (ERT). <b>STOP</b> here if this amount is zero or a negative number, you are in compliance. If this amount is a positive number, proceed to either Line 8, and/or Line 9, and/or Line 11.			
<b>Vehicle Trip Emission Credits (VTEC) from Emission/Trip Reduction Sources. Indicate the lbs. of VTECs in this area</b>	<b>VOC</b>	<b>NOx</b>	<b>CO</b>
8. Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits, Tug Boat Emission Reductions, or other AQMD approved emission reduction strategies).			
9. Trip Reduction Sources (such as other work-related trip reductions, VMT programs, parking cash-out, non-peak CCVR's, etc.). For non-peak CCVR credits claimed, please enter CCVR here: _____			
10. <b>Enter</b> the sum of Lines 8 and Line 9.			
11. <b>Subtract</b> Line 10 from Line 7 and enter the results. This is your Net EMISSION REDUCTION TARGET (ERT). <b>STOP</b> here if this amount is zero or a negative number, you are in compliance. If this amount is still a positive number, surrender these credit amounts to AQMD			



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### Section IV – Employee Commute Reduction Program (ECRP) Option

#### Section IV-1. AVR Verification Process

**A. Methodology:**

*Identify the methodology used to obtain the survey data by checking one of the following choices and provide a copy of the data collection instrument:*

☐

**District Approved  
AVR Survey**

*(If selected, complete B thru D.)*

The 7-day survey form is available upon request for qualified employers.

☐

**Other**

**This method requires prior AQMD approval.**

*(such as Random Sample, or Record-Keeping)*

See Rule 2202 – Employee Commute Reduction Program Guidelines for additional information.

**B. Survey Response Rate**

Number of surveys returned  
from employees reporting to work  
within the designated window.

divided by

Total number of employees  
reporting to work within the  
designated window.

Survey response rate  
(60% minimum response  
rate required.)

**C. Survey Week**

First day of survey

Last day of survey

**D. Specific location where surveys/record keeping data are stored at your worksite**

**E. Police/Sheriff/Federal Field Agents Exclusion**

If you excluded Police/Sheriff/Federal Field Agents from the AVR calculation, please indicate the total number excluded:





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## Section IV-1 (cont.)

### G. Weekly Employee/Vehicle Calculation

Mode	Column I
NSR. No Survey Responses (if 60%-89%)	
NSE. Surveys with Errors	
A. Drive Alone	
B. Motorcycle	
C. 2 persons in vehicle	
D. 3 persons in vehicle	
E. 4 persons in vehicle	
F. 5 persons in vehicle	
G. 6 persons in vehicle	
H. 7 persons in vehicle	
I. 8 persons in vehicle	
J. 9 persons in vehicle	
K. 10 persons in vehicle	
L. 11 persons in vehicle	
M. 12 persons in vehicle	
N. 13 persons in vehicle	
O. 14 persons in vehicle	
P. 15 persons in vehicle	
Q. Bus	
R. Rail/plane	
S. Walk	
T. Bicycle	
U. Electric Vehicle	
V. Telecommute	
W. Noncommuting	

	Column II
NSR. divided by 1	
NSE. divided by 1	
A. divided by 1	
B. divided by 1	
C. divided by 2	
D. divided by 3	
E. divided by 4	
F. divided by 5	
G. divided by 6	
H. divided by 7	
I. divided by 8	
J. divided by 9	
K. divided by 10	
L. divided by 11	
M. divided by 12	
N. divided by 13	
O. divided by 14	
P. divided by 15	
Q. Bus	0
R. Rail/plane	0
S. Walk	0
T. Bicycle	0
U. Electric Vehicle	0
V. Telecommute	0
W. Noncommuting	0



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### Section IV-1 (cont.)

#### G. Weekly Employee/Vehicle Calculation (cont.)

##### Compressed Work Week Day (s) Off

X. 3/36 work week	
Y. 4/40 work week	
Z. 9/80 work week	

ET. Employee Trips (Total NSR thru Z)	
---------------------------------------	--

TV. Total Vehicles (NSR through P)	
------------------------------------	--

##### Other Days Off

AA. Vacation	
BB. Sick	
CC. Other	
*DD. Other NSR (90% or higher)	
<b>EE. Total (ET + AA + BB + CC + DD)</b>	
FF. Number of employees in window	
GG. Multiply box FF by 5	

\*DD Other: No Survey Response for employers that have achieved a 90% or higher survey response rate.

Note: Numbers in boxes EE & GG must be the same.





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### Section IV-1 (cont.)

#### H. AVR Planning Form

1. Total employee trips generated within window. (Section IV-1-G, Line ET).
2. Total vehicles arriving at the worksite within the window. (Section IV-1-G, Line TV).
3. Divide line #1 of this page by line #2 of this page for current AVR.
4. Enter AVR performance zone here. (1.30, 1.50, or 1.75).
5. AVR of last submittal.
6. Enter Adjusted AVR from the Appendix(ces) here, if applicable, otherwise enter the AVR from line 3. Adjustments to the AVR: Check all that apply and complete corresponding Appendix(ces).

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.


☐

**Off-Peak Credits (Complete Appendix C)**

☐

**Reduced Staffing (Complete Appendix D)**

☐

**Non-Regulated Sites (Complete Appendix E)**

☐

**Multiple Adjustment Worksheet (Complete Appendix F)**



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### Section IV-2. Good Faith Effort Determination Elements

Identify the strategies in the program at this worksite by inserting the appropriate frequency code inside the box.

#### MARKETING STRATEGIES

##### Frequency Codes Table:

D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)

☐

Attendance at a Marketing Class, at least Annually (must submit proof of attendance)

☐

Direct Communication by CEO, at least Annually (written)

☐

Employer Newsletter Distributed at least Quarterly, or Rideshare Website with Notices to Employees, at least Quarterly

☐

Employer Rideshare Events, at least Annually

☐

Flyer/Announcements/Memo/Letter to Employees, at least Quarterly

☐

New Hire Orientation, as needed

☐

Rideshare Bulletin Boards/Commuter Information Kiosks/Display Racks

☐

Rideshare Meetings/ Focus Group(s), at least Semi-Annually

☐

Other Marketing Strategies (please specify below):

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### Summary of Basic and Support Strategies

Please check off all Employee Commute Reduction Strategies that your worksite will be implementing from the following menu. Additionally, please complete the corresponding strategy pages for those checked.

#### BASIC/SUPPORT STRATEGIES

- |  |   |
|--|---|
| <input type="checkbox"/> Commuter Choice Programs        | <input type="checkbox"/> Preferential Parking for Ridesharers |
| <input type="checkbox"/> Flex Time Schedules             | <input type="checkbox"/> Rideshare Matching Services          |
| <input type="checkbox"/> Guaranteed Return Trip          | <input type="checkbox"/> Transit Information Center           |
| <input type="checkbox"/> Personalized Commute Assistance | <input type="checkbox"/> Other                                |

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#### DIRECT STRATEGIES

- |   |   |
|---|---|
| <input type="checkbox"/> Auto Services                    | <input type="checkbox"/> Parking Charge/Subsidy |
| <input type="checkbox"/> Bicycle Program                  | <input type="checkbox"/> Points Program         |
| <input type="checkbox"/> Carpool Program                  | <input type="checkbox"/> Prize Drawings         |
| <input type="checkbox"/> Compressed Work Week             | <input type="checkbox"/> Start-up Incentives    |
| <input type="checkbox"/> Direct Financial Awards          | <input type="checkbox"/> Telecommuting          |
| <input type="checkbox"/> Discounted or Free Meals         | <input type="checkbox"/> Time Off with Pay      |
| <input type="checkbox"/> Employee Clean Vehicle Purchases | <input type="checkbox"/> Transit Subsidy        |
| <input type="checkbox"/> Gift Certificates                | <input type="checkbox"/> Vanpool Program        |
| <input type="checkbox"/> Off Peak Rideshare Program       | <input type="checkbox"/> Other                  |

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### BASIC/SUPPORT STRATEGIES

Please use the following tables whenever applicable:

#### \* Frequency Codes Table:

D = Daily  
W = Weekly  
M = Monthly  
A = Annually  
B = Bi-monthly  
Q = Quarterly  
S = Semi-annually  
O = Other (specify)

#### \*\* Eligibility Codes Table:

Minimum Level of Participation  
D = Daily participation  
DW = Days/Week  
DM = Days/Month  
WD = % of Working Days  
O = Other (specify)

Check the ECRP strategies that your worksite will implement from the following menu:

☐

**Commuter Choice Programs** - Tax free transit and/or vanpool benefits.

☐

**Flex Time Schedules** - The employer permits employees to adjust their work hours in order to accommodate public transit schedules or rideshare arrangements. Please check the appropriate type of flex time offered. (Do not use this section unless flex time is linked to your rideshare program.)

☐

Grace Period

☐

Shift Flexibility

☐

15 Minutes

☐

30 Minutes

☐

45 Minutes

☐

60 Minutes

☐

Other (please identify in minutes)

Does a written policy exist?

☐

Yes

☐

No

☐

**Guaranteed Return Trip** - The employer provides eligible employees with a return trip (or to the point of commute origin), when a need for the return trip arises.

Check all that apply:

☐

Personal Emergency Situation

☐

Unplanned Business-related Activities

☐

Planned Business-related Activities

☐

Other (specify)



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This will be accomplished by utilizing one or more of the following transportation modes or options:

☐ Employer Vehicle☐ TMA/TMO Provided☐ Supervisor or Fellow Employee☐ Rental car☐ Taxi☐ Other  
(specify)

☐ **Personalized Commute Assistance** – The employer provides personalized assistance such as transit itineraries, carpool matching and personal follow-up to employees.

Check all that apply:

☐ Organize Focus Group(s) or Task Force(s)☐ Coordinate the Formation of Carpools/Vanpools☐ Assist in Identifying Park & Ride Lots☐ Assist in Identifying Bicycle and Pedestrian Routes☐ Assist in Providing Personalized Transit Routes and Schedule Information☐ Provide Personalized Follow-up Assistance to Maintain Participation in the Commute Program

☐ **Preferential Parking for Ridesharers** - The employer provides eligible employees with preferential parking spaces to park their vehicles.

These spaces shall be clearly posted or marked in a manner to identify them for carpool and vanpool use only.

 Number of Preferential Parking Spaces Minimum Number of Persons (per vehicle) Required to be Eligible Minimum Number of Days or % of Ridesharing Required to be Eligible Method of Vehicle Identification (i.e. tags, stickers, license plate No.)



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☐ **Rideshare Matching Services** – The employer provides rideshare matching service or assistance in finding commute alternatives for all employees, at least annually.

Check all that apply:

☐ Employer Based System

☐ TMA/TMO System

☐ Regional Commute Management Agency

☐ Zip Code Lists/Maps

How and when do you match people (*check all that apply*):

Frequency

☐ During New Hire Orientation

☐ As Part of an Employer Wide Survey

☐ On Demand

☐ **Transit Information Center** - The employer provides a transit information center that makes available general transit information (updated at least quarterly), and/or the on-site sale of public transit passes, tickets or tokens to the worksite employees.

Do you provide on-site sale of transit passes or tokens?

☐

Yes

☐

No

Do you offer discounted transit passes or tokens?

☐

Yes

☐

No

If so, please provide the value of the discount:

\$ or %

PASSES

\$ or %

TOKENS



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- ☐ **Other Basic Support Strategies** - The employer can provide many additional types of basic support strategies designed to encourage solo commuters to participate in the commute reduction program. If your worksite is implementing any strategy not listed on these pages, please describe them here.

(Provide a detailed description of this strategy in the space below that will identify the eligibility requirements and all other information needed to implement this strategy. If additional space is needed, you may photocopy this form and attach.)



## RULE 2202 - REGISTRATION FORM

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### DIRECT STRATEGIES

Please use the following tables whenever applicable:

#### \* Frequency Codes Table:

D = Daily  
W = Weekly  
M = Monthly  
A = Annually  
B = Bi-monthly  
Q = Quarterly  
S = Semi-annually  
O = Other (specify)

#### \*\* Eligibility Codes Table:

Minimum Level of Participation  
D = Daily participation  
DW = Days/Week  
DM = Days/Month  
WD = % of Working Days  
O = Other (specify)

Check the ECRP strategies that your worksite will implement from the following menu. Do not check more than one box for the same Strategy:

☐

**Auto Services** - The employer provides auto services for employees participating in the employer's commute reduction program. Each employee will receive the following (*check each element that applies*).

Services	Average Value	Frequency Code *	Eligibility Code **	Minimum Requirement
<input type="checkbox"/> Fuel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Tune-Up	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Repair Certificate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Car Wash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other (specify below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				

☐

**Bicycle Program** - The employer provides eligible employees who commute by bicycle with such tools as biking equipment, special meetings or other bike related services.

The employer provides eligible employees who commute by bicycle with the following (see page 15 for Codes)

(Check each one that applies)		Frequency*	Eligibility**
<input type="checkbox"/>	Bicycle Matching/Meetings	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Shoes/Clothing/Helmets/Locks/etc.	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Bicycle Repairs/Kits	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Discounts at Local Bike Shops	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Other (specify)	<input type="text"/>	<input type="text"/>





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☐ **Carpool Program** - The employer provides eligible employees with a carpool program designed to encourage the use of existing carpools or the development of new carpools.

The employer provides eligible employees with a carpool program, as follows:

Mode	Award Amount	Per Day or Month	Frequency*	Eligibility**	Minimum Requirement
2 person vehicle					
3 person vehicle					
4 person vehicle					
5 person vehicle					
6 person vehicle					

☐ **Compressed Work Week** - A compressed work week (CWW) schedule applies to employees who, as an alternative to completing the basic work requirement in five eight-hour workdays in one week, or ten eight-hour days in two weeks, are scheduled in a manner which reduces trips to the worksite.

Does a written policy exist?

☐

Yes

☐

No

The Compressed Work Week schedule is offered to:

All employees

☐

Eligible employees/Depts.

☐

*Please enter the number of employees for each type of CWW used:*

	Current No. Emp.	Projected No. Emp.
<input type="text"/> 3/36 Compressed Work Week	<input type="text"/>	<input type="text"/>
<input type="text"/> 4/40 Compressed Work Week	<input type="text"/>	<input type="text"/>
<input type="text"/> 9/80 Compressed Work Week	<input type="text"/>	<input type="text"/>



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☐ **Direct Financial Awards** - The employer, or other funding source, provides eligible employees with cash subsidies for participation in the employer's commute reduction program.

Mode	Award Amount	Per Day or Month	Frequency*	Eligibility**	Minimum Requirement
2 person vehicle					
3 person vehicle					
4 person vehicle					
5 person vehicle					
6 person vehicle					
Vanpool – 7 – 15					
Bus					
Rail/plane					
Walk					
Bicycle					
Telecommuting					
Other (specify)					

☐ **Discounted/Free Meals** - The employer provides eligible employees with free or discounted meals for their participation in the commute reduction program.

- ☐ The employer provides eligible employees free meals
- ☐ The employer provides eligible employees discounted meals

Participation in the employer's discounted/free meals program is as follows:

Average Value Per Meal	Frequency*	Eligibility Code**	Minimum Requirement



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- ☐ **Employee Clean Vehicle Purchase Program** - The employer provides eligible employees incentives to purchase ULEV passenger cars or better, ULEV light-duty trucks or better, or SULEV medium-duty vehicles or better.

Average Value of Incentive	Frequency*	Eligibility Code**	Minimum Requirement
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The program consists of:

(Check each element that applies.)

<input type="checkbox"/>	Credit Union/Bank/Financial Institution Loan Rate Discounts
<input type="checkbox"/>	Employer Direct Financial Incentives or Subsidies
<input type="checkbox"/>	Employer Sponsored Benefits
<input type="checkbox"/>	Other (specify) <input type="text"/>

- ☐ **Gift Certificates** - The employer provides gift certificates to eligible employees for participation in the employer's commute reduction program.

Average Value Per Gift	Frequency*	Eligibility Code**	Minimum Requirement
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- ☐ **Off-Peak Rideshare Program** - The employer may voluntarily expand its employee commute reduction program to include employees who commute outside of the designated peak window. Please check off all Employee Commute Reduction Strategies that your worksite will be implementing for employees who are scheduled to report to work during the designated off-peak period.

### **OFF-PEAK BASIC/SUPPORT STRATEGIES**

- |  |   |
|--|---|
| <input type="checkbox"/> Commuter Choice Programs        | <input type="checkbox"/> Preferential Parking for Ridesharers |
| <input type="checkbox"/> Flex Time Schedules             | <input type="checkbox"/> Rideshare Matching Services          |
| <input type="checkbox"/> Guaranteed Return Trip          | <input type="checkbox"/> Transit Information Center           |
| <input type="checkbox"/> Personalized Commute Assistance | <input type="checkbox"/> Other (specify below)                |

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## OFF PEAK DIRECT STRATEGIES

<input type="checkbox"/> Auto Services	<input type="checkbox"/> Parking Charge/Subsidy
<input type="checkbox"/> Bicycle Program	<input type="checkbox"/> Points Program
<input type="checkbox"/> Carpool Program	<input type="checkbox"/> Prize Drawings
<input type="checkbox"/> Compressed Work Week	<input type="checkbox"/> Start-up Incentives
<input type="checkbox"/> Direct Financial Awards	<input type="checkbox"/> Telecommuting
<input type="checkbox"/> Discounted or Free Meals	<input type="checkbox"/> Time Off with Pay
<input type="checkbox"/> Employee Clean Vehicle Purchases	<input type="checkbox"/> Transit Subsidy
<input type="checkbox"/> Gift Certificates	<input type="checkbox"/> Vanpool Program
<input type="checkbox"/> Off Peak Rideshare Program	<input type="checkbox"/> Other (Specify) _____

☐ **Parking Charge/Subsidy** – A parking fee is charged to employees who drive alone to the worksite, and/or in exchange, a subsidy is provided to employees towards costs of alternative transportation modes.

Monthly Rate

Employee Parking Charge Per Space: \$

The employer will subsidize the parking charge for eligible employees. Each parking space will be subsidized as follows (*check each mode that applies*):

Mode	Subsidy Per Space	Eligibility Code**	Minimum Requirement
<input type="checkbox"/> 2 person vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 3 person vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 4 person vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 5 person vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 6 person vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Vanpool – 7 – 15	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Bus	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Rail/plane	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Walk	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Bicycle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Telecommuting	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other (specify below)	<input type="text"/>	<input type="text"/>	<input type="text"/>



## RULE 2202 - REGISTRATION FORM

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### Parking Cash Out/Parking Management Strategies

The State's Parking Cash-Out Program, California Health & Safety Code, Section 43845, requires certain employers who provide subsidized parking for their employees to offer a cash allowance in lieu of a parking space.

The law applies to employers (public or private) who:

- employ at least 50 employees;
- have worksites in an air basin designated non-attainment for any state air quality standard;
- subsidize employee parking that they don't own;
- can calculate the out-of-pocket expense of the parking subsidies they provide; and
- can reduce the number of parking spaces without penalty in any lease agreements.

### IF YOU ARE IMPLEMENTING PARKING CASH OUT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Date Parking Cash Out Program was implemented? \_\_\_\_\_

How many parking spaces fall under the parking Cash Out State requirement? \_\_\_\_\_

How many employees will receive subsidies instead of the parking space? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Is there street parking or alternative parking close to your facility?

Yes	No	How Far? (miles)
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How is the program monitored?

On-Site Security	Card Reader	Honor System	Other
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Please add pages if other details will help in explaining your site specific parking situation.

☐ **Points Program** - Employees earn points for each day of participation in the employer's commute reduction program. Points are redeemed for such rewards as time off, gift certificates, cash or merchandise.

Value of Point	Per # of Points	Frequency*	Eligibility Code**	Minimum Requirement
\$				

☐ **Prize Drawings** - The employer provides eligible employees with a chance to win prizes for participation in the employer's commute reduction program.

Type of Prize	Average Value Per Prize	Number of Prizes	Drawing Frequency*	Eligibility Code**	Minimum Requirement



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☐ **Start Up Incentive** – Incentives designed to reward solo commuters for joining a carpool or vanpool, or using other alternative commute modes and generally provided over a short period of time.

Mode	Award Amount	Per Day or Month	Duration*	Eligibility**	Minimum Requirement
2 person vehicle					
3 person vehicle					
4 person vehicle					
5 person vehicle					
6 person vehicle					
Vanpool – 7 – 15					
Bus					
Rail/plane					
Walk					
Bicycle					
Telecommuting					
Other (specify)					

☐ **Telecommuting** - Telecommuting means working at home, off-site, or at a telecommuting center for a full workday that eliminates the trip to work or reduces travel distance to the worksite by more than 50%.

Does a written policy exist? ☐ Yes ☐ No

Telecommuting is offered to: ☐ All Employees ☐ Eligible employees/Depts

The employer telecommuting program consists of:  
(Check each element that applies.)

☐ Orientation / Training Sessions

☐ Working at Home ☐ # of Days per Week

☐ Working at Satellite Work Center ☐ # of Days per Week

☐ Other (specify)

*Please enter the number of program participants:*

	Current No. Empl.	Projected No. Empl.
Work at Home	<input type="text"/>	<input type="text"/>
Work at Satellite Work Center	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>



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☐ **Time Off with Pay** - The employer provides eligible employees additional time off with pay for participation in the employer's commute reduction program.

### Participation Rate

Number of days of Participation		Time Off Earned (enter # of mins., hrs., days)	Enter Unit of Time Off Earned	<u>Units:</u> M = Minutes H = Hours D = Days
<input type="text"/>	Each day of participation	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Month	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Quarter:	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Year:	<input type="text"/>	<input type="text"/>	

Maximum amount (if any) of earned time off that can be accumulated within a one-year period:

Number of minutes, hours, days

Unit of time off earned

Units:

M = Minutes

H = Hours

D = Days

☐ **Transit Subsidy** - The employer provides eligible employees a transit subsidy for participation in the employer's commute reduction program.

### Mode

	Award Amount	Per Day or Month	Frequency*	Eligibility**	Minimum Requirement
Transit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you offer any other type of transit program to employees?

☐

Yes

☐

No

Please explain:



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☐ **Vanpool Program** - The employer provides eligible employees with a vanpool program designed to encourage the use of existing vanpools or the development of new vanpools.

The employer provides eligible employees with a vanpool program, as follows:

☐ Employer owned/leased      ☐ Employee owned/leased      ☐ Third-party owned/leased

Total number of vans participating in program

☐ Employer provided insurance

☐ Employer provided fuel/maintenance

☐ Employer provides cash subsidies for vanpoolers

☐ Subsidies prorated based on rideshare participation level

Ridership Charge for Employer Owned/Leased Vans:

\$

Other, please explain:

If empty seats are subsidized, how much?

\$

per seat

How long?





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☐

**Other Direct Strategies** - The employer can provide many additional types of direct strategies designed to encourage solo commuters to participate in the commute reduction program. If your worksite is implementing any strategy not listed on these pages, please describe them here.

(Provide a detailed description of this strategy in the space below that will identify the eligibility requirements and all other information needed to implement this strategy. If additional space is needed, you may photocopy this form and attach.)



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Section IV - 3			
Employee Commute Reduction Program/Emissions Offset Option			
1. Enter the daily average number of employees reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday. This number can be obtained by dividing the number shown in Section IV-1, item G, Line ET, by 5.			
2. Enter the daily average number of vehicles reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday. This number can be obtained by dividing the number shown in Section IV-1, item G, Line TV, by 5.			
3. Subtract Line 2 from Line 1 and enter the result. This is the number of Creditable Commute Vehicle Reductions (CCVR) in the Peak Window.			
Emission Reduction Target (ERT) Calculation	VOC	NOx	CO
4. Enter the Employee Emission Reduction Factors with respect to the worksite's Performance Zone. (see Table 1 in Appendix B). <b>Check one:</b> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Zone 3 <input type="checkbox"/>			
5. Multiply Line 1 times Line 4 and enter the results.			
6. Enter the Emission Factors for Vehicle Trip Emission Credits. (see Table 2 in Appendix B).			
7. Multiply Line 3 times Line 6 and enter the results. This is your VTEC calculated from Creditable Commute Vehicle Reductions (CCVR).			
8. Subtract Line 7 from Line 5 and enter the results. This is your EMISSION REDUCTION TARGET (ERT). <b>STOP</b> here if this amount is zero or a negative number, you are in compliance. If this amount is a positive number, proceed to either Line 9, and/or Line 10, and/or Line 13.			
Vehicle Trip Emission Credits (VTEC) from Emission/Trip Reduction Sources. Indicate the lbs. of VTECs in this area	VOC	NOx	CO
9. Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits, Tug Boat Emission Reductions, or other AQMD approved emission reduction strategies).			
10. Trip Reduction Sources (such as other work-related trip reductions, VMT programs, parking cash-out, non-peak CCVR's, etc.). For non-peak CCVR credits claimed, please enter CCVR here: _____			
11. Enter the sum of Lines 9 and Line 10.			
12. Subtract Line 11 from Line 8 and enter the results. This is your Net EMISSION REDUCTION TARGET (ERT). <b>STOP</b> here if this amount is zero or a negative number, you are in compliance. If this amount is still a positive number, proceed to Line 13.			
Vehicle Trip Emission Credits (VTEC) from AQIP to meet the balance ERT	VOC	NOx	CO
13. Air Quality Investment Program Option to Offset the ERT: Divide Line 12 by the corresponding Equivalent Emission Factor in Line 4. Use round numbers only. Enter results here.			
14. Multiply the highest number on Line 13 by \$60. This is the equivalent AQIP Fee to Offset your Net ERT. <b>STOP</b> here, you are in compliance.	\$ _____		